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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PYNE LAW GROUP
Account Number : I20110000059
Phone : (850)215-9090
Fax Number : (850)215-9045

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: laurapyne@pynelawgroup.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LP/LLLP****Bay Brothers Investments LLLP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,008.75

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7/2/2013 8:51:13 AM PAGE 1/001 Fax Server



July 2, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PYNE LAW GROUP

SUBJECT: BAY BROTHERS INVESTMENTS FLLP
REF: W13000037613

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability limited partnership must contain an acceptable suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H13000148885
Letter Number: 613A00016343

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bay Brothers Investments LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Laura C. Pyne, C.P.A., J.D., LL.M.

Contact Person

Pyne Law Group, P.A.

Firm/Company

2309 Frankford Ave, Ste A

Address

Panama City, FL 32405

City, State and Zip Code

laurapyne@pynelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura C. Pyne

Name of Contact Person

at (850) 215-9090

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☒ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
2013 JUL -2 PM 6:55
TALLAHASSEE, FL
STATE OF FLORIDA
CLERK OF THE COURT

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Bay Brothers Investments LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 6003 Prideen St

(Street address of initial designated office)

Panama City, FL 32404

3. Laura C. Pyne, c/o Pyne Law Group, P.A.

(Name of Registered Agent for Service of Process)

4. 2309 Frankford Ave, Ste A

(Florida street address for Registered Agent)

Panama City, FL 32405

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*


Signature of Registered Agent

6. 2309 Frankford Ave, Ste A

(Mailing address of initial designated office)

Panama City, FL 32405

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

8. Name and business address of each general partner:

Name:Business Address:

Bay Brothers Investments LLC

6003 Prideen St

C13-92773

Panama City, FL 32402

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this _____ day of _____.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15, F.S.

[Signature] as Authorized Representative of Bay
BROTHER INVESTMENT LLC, a Florida limited liability
company, General Partner

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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